CSAT GPRA Client Outcome Measures for Discretionary Programs (Revised 06/01/2012)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

A.	RECORD MA	NAG	EMEN	NT													
Client	ID	<u> </u>				<u> </u>		<u> </u>		<u> </u>			_		[
Client	Туре:																
	Treatment oClient in re		/														
Contra	ct/Grant ID	<u> </u>				<u> </u>		<u> </u>									
Intervi	ew Type <i>[CIRC</i>	LE O	NLY (ONE T	ГҮРЕ	E.]											
	Intake [GO TO]	INTE	RVIE	W DA	4 <i>TE.]</i>	1											
	6-month follow							ollow	-up in	tervie	ew?	○ Yes	O No	o			
	3-month follow Did you conduct [IF NO, GO D	et a fol	llow-u	p inte	rview	/?		(O O)	NL YJ	\rightarrow		○ Yes	O No	o			
	Discharge \rightarrow - [IF NO, GO D							inter	view?			○ Yes	O No	O			
Intervi	ew Date	M	ll onth	/	_ Day	/		Y	 ear								
[FOLL	OW-UP AND D	ISCH	ARGE	E INT	ERV	IEWS	S: <i>SK</i>	IP TO	SEC	TION	V B.J						
1.	Was the client	scree	ned by	youi	r pro	gram	for c	o-occ	urrin	g me	ntal h	ealth and	substa	ance u	se dis	sorders	?
	O YES O NO	[SK	XIP 1a	.]													
	1a. <i>[IF YE</i> disorde		l the c	lient	scree	en pos	sitive	for co	o-occi	ırrinş	g men	tal health	and s	ubstar	ice us	se .	
	O YE O NO																
[SBIRT	T CONTINUE. A	ALL O	THE	RS GO	о то	SEC	TION	A "I	PLAN	NED	SERV	ICES."]					

THIS SECTION FOR SBIRT GRANTS ONLY [ITEMS 2, 2a, & 3 - REPORTED ONLY AT INTAKE/BASELINE].

0	NEGATIVE POSITIVE		
2a.	What was his/her screening score?	AUDIT	=
		CAGE	=
		DAST	=
		DAST-10	=
		NIAAA Guide	=
		ASSIST/Alcohol Subscore	=
		Other (Specify)	=
W	as he/she willing to continue his/her parti	cipation in the SBIRT progr	am?
0	YES NO		

A. RECORD MANAGEMENT - PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE.]

	ntify the services you plan to provide to ing the client's course of treatment/reco				se Management Services	Yes	No
				1.	Family Services (Including Marriage		
	FOR YES OR "N" FOR NO FOR EACH				Education, Parenting, Child Development		λī
	lality	Yes	No	_	Services)	Y	N
_	LECT AT LEAST ONE MODALITY.J			2.	Child Care	Y	N
1.	Case Management	Y	N	3.	Employment Service		
2.	Day Treatment	Y	N		A. Pre-Employment	Y	N
3.	Inpatient/Hospital (Other Than Detox)	Y	N		B. Employment Coaching	Y	N
4.	Outpatient	Y	N	4.	Individual Services Coordination	Y	N
5.	Outreach	Y	N	5.	Transportation	Y	N
6.	Intensive Outpatient	Y	N	6.	HIV/AIDS Service	Y	N
7.	Methadone	Y	N	7.	Supportive Transitional Drug-Free Housin	ıg	
8.	Residential/Rehabilitation	Y	N		Services	Y	N
9.	Detoxification (Select Only One)			8.	Other Case Management Services		
	A. Hospital Inpatient	Y	N		(Specify)	Y	N
	B. Free Standing Residential	Y	N		(-F		
	C. Ambulatory Detoxification	Y	N	Me	dical Services	Yes	No
10.	After Care	Y	N	1.	Medical Care	Y	N
			N	2.	Alcohol/Drug Testing	Y	N
12	Recovery Support Other (Specify)	Y	N	3.	HIV/AIDS Medical Support & Testing	Y	N
14.	Other (Specify)	. 1	11		Other Medical Services	1	11
				4.		Y	Νī
	LECT AT LEAST ONE SERVICE.	T 7	NT -		(Specify)	Y	N
	atment Services	Yes	NO	4.64		T 7	3 .7
	IRT GRANTS: YOU MUST CIRCLE "Y				er Care Services	Yes	
	R AT LEAST ONE OF THE TREATME	NT		1.	Continuing Care	Y	N
	RVICES NUMBERED 1 THROUGH 4.J			2.	Relapse Prevention	Y	N
1.	Screening	Y	N	3.	Recovery Coaching	Y	N
2.	Brief Intervention	Y	N	4.	Self-Help and Support Groups	Y	N
3.	Brief Treatment	Y	N	5.	Spiritual Support	Y	N
4.	Referral to Treatment	Y	N	6.	Other After Care Services		
5.	Assessment	Y	N		(Specify)	Y	N
6.	Treatment/Recovery Planning	Y	N		\ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
7.	Individual Counseling	Y	N	Edi	ucation Services	Yes	No
8.	Group Counseling	Y	N	1.	Substance Abuse Education	Y	N
9.	Family/Marriage Counseling	Y	N	2.	HIV/AIDS Education	Y	N
10.	Co-Occurring Treatment/			3.	Other Education Services	•	11
10.	Recovery Services	Y	N	5.	(Specify)	Y	N
11	Pharmacological Interventions	Y	N		(Specify)	1	11
	HIV/AIDS Counseling	Y		ъ		1 7	NT.
13.		1	11		r-to-Peer Recovery Support Services		
13.	(2 : 2)	37	NT	l.	Peer Coaching or Mentoring	Y	N
	(Specify)	. Y	N	2.	Housing Support	Y	N
				3.	Alcohol- and Drug-Free Social Activities	Y	N
				4.	Information and Referral	Y	N
				5.	Other Peer-to-Peer Recovery Support		
					Services (Specify)	Y	N

A.	RECORD MANAGEM	IENT :	- DEN	10GRAP	HICS	[ASK	ED ONLY AT INTAKE/BASELIN	E.]
1.	What is your gender?							
	O MALE							
	O FEMALE							
	TRANSGENDER							
	O OTHER (SPECIFY))						
	O REFUSED							
2.	Are you Hispanic or La	atino?						
	O YES							
	O NO							
	O REFUSED							
	[IF YES] What ethnic g	group	do yo	u consider	yours	self? I	Please answer yes or no for each o	f the followi
	You may say yes to mo	re tha	n one.					
			No	Refused				
	Central American Cuban	Y Y	N N	REFUSE				
	Dominican Dominican	Y		REFUSE REFUSE				
	Mexican	Y		REFUSE				
	Puerto Rican	Y		REFUSE				
	South American	Y		REFUSE				
	Other	Y	N	REFUSE	ED <i>[IF</i>	YES,	SPECIFY BELOW.]	
		(Spe	cify)	-				
3.	What is your race? Ple	ase an	swer y	yes or no f	or eac	h of t	he following. You may say yes to	more than or
					Yes		Refused	
	Black or African An	nerican	1		Y	N	REFUSED	
	Asian	41 T	~	T 1 1	Y	N	REFUSED	
	Native Hawaiian or	other F	acific	Islander	Y	N	REFUSED	
	Alaska Native White				Y Y	N N	REFUSED REFUSED	
	American Indian				Y	N	REFUSED	
1.	What is your date of bi	rth?*						
••	What is your date of bi	_						
	/						Y SAVE MONTH AND YEAR.	
	Month Day	TC) MAI	INTAIN C	ONFI	<i>DEN'</i>	TIALITY, DAY IS NOT SAVED.]	

Year

O REFUSED

MILITARY FAMILY AND DEPLOYMENT

	ave you ever served in the Armed Forces, in the Reserves, or in the National Guard? [IF SERVED] What rea, the Armed Forces, Reserves, or National Guard did you serve?
С	NO NO
С	YES, IN THE ARMED FORCES
C	YES, IN THE RESERVES
C	YES, IN THE NATIONAL GUARD
С	REFUSED
С	DON'T KNOW
[1	F NO, REFUSED, OR DON'T KNOW, SKIP TO QUESTION A6.]
5:	Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard? [IF ACTIVE] What area, the Armed Forces, Reserves, or National Guard?
С	NO, SEPARATED OR RETIRED FROM THE ARMED FORCES, RESERVES, OR NATIONAL GUARD
C	YES, IN THE ARMED FORCES
C	YES, IN THE RESERVES
C	YES, IN THE NATIONAL GUARD
C	REFUSED
С	DON'T KNOW
5	b. Have you ever been deployed to a combat zone? [CHECK ALL THAT APPLY.]
С	NEVER DEPLOYED
С	IRAQ OR AFGHANISTAN (E.G., OEF/OIF/OND)
	PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM)
	VIETNAM/SOUTHEAST ASIA
С	KOREA
	WWII
	DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA)
С	DELECTED TO A COMPATIZONE NOT LISTED ADOVE (E.G., DOSNIA/SOMALIA)
	REFUSED
	REFUSED

[SBIRT GRANTEES: FOR CLIENTS WHO SCREENED NEGATIVE, SKIP ITEMS A6, A6a THROUGH A6d.]

	YES, ANSWER FOR UR RITE RELATIONSHIP 1 = Mother 2 = 1 3 = Brother 4 = 3 5 = Spouse 6 = 1 7 = Child 8 = 6	IN Fatl Sist Par	COLUMN F her ter			re	lationship o	f t	hat person (Ser	vice Membo	er)	to you?
exp foll <i>AN</i>	s the Service Member perienced any of the lowing? CHECK SWER IN			(D		Œ		ā		- T		Œ	
	PROPRIATE COLUMN PR ALL THAT APPLY]	(R	delationship)	(K	Relationship) 2.	(1	Relationship) 3.	(F	Relationship) 4.	(14	Relationship) 5.	(1	Relationship) 6.
6a.	Deployed in support of combat operations (e.g., Iraq or Afghanistan)? Was physically injured	000	YES NO REFUSED DON'T KNOW YES	000	YES NO REFUSED DON'T KNOW YES	000	YES NO	000	YES NO REFUSED DON'T KNOW YES	000	YES	000	YES
	during combat operations?	0	NO REFUSED DON'T KNOW	0	NO REFUSED DON'T KNOW	0	NO REFUSED DON'T KNOW	0	NO REFUSED DON'T KNOW	0	NO REFUSED DON'T KNOW	0	NO REFUSED DON'T KNOW
6c.	Developed combat stress symptoms/ difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?	0000	YES NO REFUSED DON'T KNOW	0	YES NO REFUSED DON'T KNOW	0	NO	0000	YES NO REFUSED DON'T KNOW	0000		0	YES NO REFUSED DON'T KNOW
6d.	Died or was killed?	0	YES NO REFUSED DON'T KNOW	0	YES NO REFUSED DON'T KNOW	0	YES NO REFUSED DON'T KNOW	0	YES NO REFUSED DON'T KNOW	0	YES NO REFUSED DON'T KNOW	0	YES NO REFUSED DON'T KNOW

Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in

the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard?

6.

O NO

O YES, ONLY ONE

			Number of Days	REFUSED	DON'T KNOW
1.		ring the past 30 days, how many days have you used the lowing:			
	a.	Any alcohol <i>[IF ZERO, SKIP TO ITEM B1c.]</i>		0	\circ
	b1.	Alcohol to intoxication (5+ drinks in one sitting)	 	0	0
	b2.	Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)		0	0
	c.	Illegal drugs [IF B1a OR B1c = 0, RF, DK, THEN SKIP TO ITEM B2.]		0	0
	d.	Both alcohol and drugs (on the same day)		0	0
1. (*N CH	Oral OTI IOO	of Administration Types: 2. Nasal 3. Smoking 4. Non-IV injection 5. IV E THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, SE THE MOST SEVERE. THE ROUTES ARE LISTED FROM T SEVERE (1) TO MOST SEVERE (5).			
2.	the	ring the past 30 days, how many days have you used any of following: [IF THE VALUE IN ANY ITEM B2a THROUGH $i > 0$, THEN THE VALUE IN B1c MUST BE > 0 .]			
		o, men meet meet ee og	Number of Days	RF DK	Route* RF DK
	a.	Cocaine/Crack		0 0	0 0
	b.	Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)		0 0	
	c.	Opiates:			
		1. Heroin (Smack, H, Junk, Skag)		0 0	
		2. Morphine		0 0	0 0
		3. Dilaudid		0 0	0 0
		4. Demerol		0 0	0 0
		5. Percocet		0 0	0 0
		6. Darvon		0 0	0 0
		7. Codeine		0 0	<u> </u>
		8. Tylenol 2, 3, 4		0 0	<u> </u>
		9. OxyContin/Oxycodone		0 0	<u> </u>
	d.	Non-prescription methadone		0 0	
	e.	Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack,	1		
	C .	Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline		0 0	
	f.	Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)		0 0	0 0

B.

DRUG AND ALCOHOL USE

В.	DRUG	AND	ALC (HOL	USE ((continued)
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Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV *NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

2. During the past 30 days, how many days have you used any of the following: [IF THE VALUE IN ANY ITEM B2a THROUGH B2i > 0. THEN THE VALUE IN B1c MUST BE > 0.1

		,,	Number of Days RF DK	Route* RF DK
g.	1.	Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estasolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	0 0	0 0
	2.	Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	0 0	0 0
	3.	Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	0 0	
	4.	Ketamine (known as Special K or Vitamin K)	0 0	0 0
	5.	Other tranquilizers, downers, sedatives, or hypnotics	0 0	0 0
h.	Inh	nalants (poppers, snappers, rush, whippets)	0 0	0 0
i.	Otl	her illegal drugs (Specify)	0 0	0 0
In	the	nast 30 days, have you injected drugs? IIF ANY ROUTE OF	F ADMINISTRATION IN	R2a THROUGH

3. In the past 30 days, have you injected drugs? [IF ANY ROUTE OF ADMINISTRATION IN B2a THROUGH B2i = 4 or 5, THEN B3 MUST = YES.]

- O YES
- O NO
- O REFUSED
- O DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION C.]

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?

- O Always
- O More than half the time
- O Half the time
- O Less than half the time
- O Never
- O REFUSED
- O DON'T KNOW

C.	FA	MILY AND LIVING CONDITIONS
1.	In the p	past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO T.]
	0	SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER [TLC], LOW-DEMAND FACILITIES, RECEPTION CENTERS, OTHER TEMPORARY DAY OR EVENING FACILITY) STREET/OUTDOORS (SIDEWALK, DOORWAY, PARK, PUBLIC OR ABANDONED BUILDING) INSTITUTION (HOSPITAL, NURSING HOME, JAIL/PRISON) HOUSED: [IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:] O OWN/RENT APARTMENT, ROOM, OR HOUSE
		 SOMEONE ELSE'S APARTMENT, ROOM, OR HOUSE DORMITORY/COLLEGE RESIDENCE HALFWAY HOUSE RESIDENTIAL TREATMENT OTHER HOUSED (SPECIFY)
		REFUSED DON'T KNOW
2.	dru 0 0 0 0 0	ring the past 30 days, how stressful have things been for you because of your use of alcohol or other ags? [IF B1a OR B1c > 0, THEN C2 CANNOT = "NOT APPLICABLE."] Not at all Somewhat Considerably Extremely NOT APPLICABLE [USE ONLY IF B1A AND B1C = 0.] REFUSED DON'T KNOW
3.		ring the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important ivities? [IF B1a OR B1c > 0, THEN C3 CANNOT = "NOT APPLICABLE."]
	0	Not at all Somewhat Considerably Extremely

O REFUSED O DON'T KNOW

O NOT APPLICABLE *[USE ONLY IF B1A AND B1C = 0.]*

C.	FAN	IILY AND LIVING CONDITIONS (continued)
4.		ing the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems? Bla \underline{OR} Blc > 0, THEN C4 CANNOT = "NOT APPLICABLE."]
	\circ 1	Not at all
		Somewhat
		Considerably
		Extremely NOT APPLICABLE <i>[USE ONLY IF B1a AND B1c = 0.]</i>
		REFUSED
	O I	DON'T KNOW
5.	[IF]	NOT MALE] Are you currently pregnant?
		YES
	0 1	
		REFUSED DON'T KNOW
	O I	JON I KNOW
6.	Do y	ou have children?
	0	YES
	\circ 1	
		REFUSED
	O I	DON'T KNOW
	[IF]	NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION D.J
	a.	How many children do you have? [IF $C6 = YES$, THEN THE VALUE IN $C6a$ MUST $BE > 0$.]
	b.	Are any of your children living with someone else due to a child protection court order?
		O YES
		O NO
		O REFUSED
		O DON'T KNOW
	[IF]	NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM C6D.]
	c.	[IF YES] How many of your children are living with someone else due to a child protection court order? [THE VALUE IN C6c CANNOT EXCEED THE VALUE IN C6a.]
		O REFUSED O DON'T KNOW
	d.	For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.] [THE VALUE IN ITEM C6d CANNOT EXCEED THE VALUE IN C6a.]
		O REFUSED O DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME

1.	Are you currently enrolled in school or a job training program? [IF ENROLLED] Is that full time or part time? [IF CLIENT IS INCARCERATED, CODE D1 AS "NOT ENROLLED."]
	 NOT ENROLLED ENROLLED, FULL TIME ENROLLED, PART TIME OTHER (SPECIFY) REFUSED DON'T KNOW
2.	What is the highest level of education you have finished, whether or not you received a degree?
	NEVER ATTENDED IST GRADE 2ND GRADE 3RD GRADE 4TH GRADE 5TH GRADE 6TH GRADE 7TH GRADE 7TH GRADE 9TH GRADE 10TH GRADE 11TH GRADE 12TH GRADE
3.	Are you currently employed? [CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.] [IF CLIENT IS "ENROLLED, FULL TIME" IN D1 AND INDICATES "EMPLOYED, FULL TIME" IN D3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS "UNEMPLOYED, NOT LOOKING FOR WORK."]
	 EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN) EMPLOYED, PART TIME UNEMPLOYED, LOOKING FOR WORK UNEMPLOYED, DISABLED UNEMPLOYED, VOLUNTEER WORK UNEMPLOYED, RETIRED UNEMPLOYED, NOT LOOKING FOR WORK OTHER (SPECIFY) REFUSED

O DON'T KNOW

D.	EDUCATION, EMPLOY	YMENT, AND INCOME (co	ntinued)		
4.	[IF D3 DOES NOT = "END3 = "UNEMPLOYED, I "UNEMPLOYED, RETII	MPLOYED" AND THE VAL LOOKING FOR WORK" AN	UE IN D. D THE V. D4c = 0,	ndividual income) in the past 30 days from 14a IS GREATER THAN ZERO, PROBE. IT ALUE IN D4b = 0, PROBE. IF D3 = PROBE. IF D3 = "UNEMPLOYED,"	
	 a. Wages b. Public assistance c. Retirement d. Disability e. Non-legal income f. Family and/or friends g. Other (Specify) 	\$	RF	DK O O O O O O O	
E	CDIME AND CDIMINA				
Е.	CRIME AND CRIMINA	AL JUSTICE STATUS			
1.	In the past 30 days, how	many times have you been a ○ REFUSED ○ DON'T			
	[IF NO ARRESTS, SKIP	TO ITEM E3.]			
2.	E2 CANNOT BE GREAT	TER THAN THE VALUE IN	E1.]	for drug-related offenses? [THE VALUE II	V
	TIMES	O REFUSED O DON'T	KNOW		
3.	THAN 15, THEN C1 MU		PRĬSON).	rison? [IF THE VALUE IN E3 IS GREATI). IF C1 = INSTITUTION (JAIL/PRISON), EQUAL TO 15.]	
	NIGHTS	○ REFUSED ○ DON'T	KNOW		
4.	ILLEGAL DRUGS IN IT. GREATER THAN NUMI	EM B1c ON PAGE 7. ANSW BER IN B1c BECAUSE USI	ER HER NG ILLE	rime? CHECK NUMBER OF DAYS USEL RE IN E4 SHOULD BE EQUAL TO OR GGAL DRUGS IS A CRIME.]	•
	TIMES	○ REFUSED ○ DON'T	KNOW		
5.	•	ng charges, trial, or sentenci	ng?		
	YESNOREFUSEDDON'T KNOW				
6.	Are you currently on par	role or probation?			
	YESNOREFUSEDDON'T KNOW				

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY 1. How would you rate your overall health right now? Excellent \bigcirc Very good O Good O Fair O Poor O REFUSED O DON'T KNOW 2. During the past 30 days, did you receive: **Inpatient Treatment for:** [IF YES] Altogether YES for how many nights NO RF DK Physical complaint nights i. 0 0 0 0 ii. Mental or emotional difficulties nights 0 0 0 \bigcirc iii. Alcohol or substance abuse nights \bigcirc \bigcirc 0 \bigcirc **Outpatient Treatment for:** [IF YES] b. Altogether YES for how many times NO RF DK i. Physical complaint times 0 0 0 0 ii. Mental or emotional difficulties \circ times \circ \bigcirc \bigcirc Alcohol or substance abuse times 0 \bigcirc 0 \bigcirc **Emergency Room Treatment for:** [IF YES] c. Altogether YES RF for how many times NO DK

i.

ii.

Physical complaint

Mental or emotional difficulties

Alcohol or substance abuse

0

0

0

times

times

times

0

0

 \bigcirc

 \bigcirc

0

0

 \bigcirc

 \bigcirc

 \bigcirc

F.	MENTAL AND PHYSICAL HEALTH PROBLEMS AND TRI	EATMENT/RECOVERY	(contin	iued)
3.	During the past 30 days, did you engage in sexual activity?			
	○ Yes ○ No → [SKIP TO F4.] ○ NOT PERMITTED TO ASK → [SKIP TO F4.] ○ REFUSED → [SKIP TO F4.] ○ DON'T KNOW → [SKIP TO F4.]			
	[IF YES] Altogether, how many:			
	a. Sexual contacts (vaginal, oral, or anal) did you have?	Contacts	RF O	DK O
	b. Unprotected sexual contacts did you have? [THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]		0	0
	c. Unprotected sexual contacts were with an individual who is or was: [NONE OF THE VALUES IN F3c1 THROUGH F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]			
	1. HIV positive or has AIDS		0	\circ
	2. An injection drug user		0	\circ
	3. High on some substance		0	0
4.	Have you ever been tested for HIV?			
	 Yes			
	4a. Do you know the results of your HIV testing?			
	○ Yes○ No			

F.	M	ENTAL AND PHYSICAL HEALTH PROBLEMS AND TREA	TMENT/RECOVER	Y (contin	nued)
5.	In	the past 30 days, not due to your use of alcohol or drugs, how n	nany days have you:		
			Days	RF	DK
	a.	Experienced serious depression		0	0
	b.	Experienced serious anxiety or tension		\circ	\circ
	c.	Experienced hallucinations		\circ	\circ
	d.	Experienced trouble understanding, concentrating, or remembering		0	0
	e.	Experienced trouble controlling violent behavior		\circ	0
	f.	Attempted suicide	. <u></u> .	\circ	\circ
	g.	Been prescribed medication for psychological/emotional problem		0	0
	П	F CLIENT REPORTS ZERO DAYS, RF, OR DK TO <u>ALL</u> ITEMS	S IN OUESTION 5. S.	KIP TO I	TEM F7.1
6.	-	ow much have you been bothered by these psychological or emo	_		-
		Not at all			
	0	Slightly			
	0	Moderately Considerably			
	0	Extremely			
	0	REFUSED			
	0	DON'T KNOW			
VIOL	ENC	CE AND TRAUMA			
7.	do	ive you ever experienced violence or trauma in any setting (incl mestic violence; physical, psychological, or sexual maltreatmen tural disaster; terrorism; neglect; or traumatic grief?)			
	0	YES NO <i>[SKIP TO ITEM F8.]</i> REFUSED DON'T KNOW			
	[]]	F NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F8.J			

F.	MEN	TAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (continued)
	Did a you:	any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present,
	7a.	Have had nightmares about it or thought about it when you did not want to?
		○ YES○ NO○ REFUSED○ DON'T KNOW
	7b.	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
		○ YES○ NO○ REFUSED○ DON'T KNOW
	7c.	Were constantly on guard, watchful, or easily startled?
		 YES NO REFUSED DON'T KNOW
	7d.	Felt numb and detached from others, activities, or your surroundings?
		○ YES○ NO○ REFUSED○ DON'T KNOW
8.	In th	e past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?
	\circ N	lever

\circ	Never
\circ	A few times
\circ	More than a few times
\circ	REFUSED
\circ	DON'T KNOW

G.	SOCIAL CONNECTEDNESS
1.	In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?
	 ○ YES [IF YES] SPECIFY HOW MANY TIMES
2.	In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?
	O YES <i>[IF YES]</i> SPECIFY HOW MANY TIMES O REFUSED O DON'T KNOW O NO O REFUSED O DON'T KNOW
3.	In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?
	 ○ YES [IF YES] SPECIFY HOW MANY TIMES O REFUSED O DON'T KNOW ○ NO ○ REFUSED ○ DON'T KNOW
4.	In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?
	 YES NO REFUSED DON'T KNOW
5.	To whom do you turn when you are having trouble? [SELECT ONLY ONE.]
	 NO ONE CLERGY MEMBER FAMILY MEMBER FRIENDS REFUSED DON'T KNOW OTHER (SPECIFY)

I. FOLLOW-UP STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]

1.	What is the follow-up status of the client? [THIS IS A REQUIRED FIELD: NA, REFUSED, DON'T KNOW
	AND MISSING WILL NOT BE ACCEPTED.

 \bigcirc 01 = Deceased at time of due date

○ 11 = Completed interview within specified window

○ 12 = Completed interview outside specified window

○ 21 = Located, but refused, unspecified

○ 22 = Located, but unable to gain institutional access

○ 23 = Located, but otherwise unable to gain access

○ 24 = Located, but withdrawn from project

 \bigcirc 31 = Unable to locate, moved

O 32 = Unable to locate, other (Specify)

2. Is the client still receiving services from your program?

O Yes

O No

[IF THIS IS A FOLLOW-UP INTERVIEW, STOP NOW; THE INTERVIEW IS COMPLETE.]

J	DISCH	ARCE	STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

1. On what date was the client discharg

	_ /		_ /			
MONTH	Ŧ	DAY		Y	EAR	

2. What is the client's discharge status?

- \bigcirc 01 = Completion/Graduate
- \bigcirc 02 = Termination

If the client was terminated, what was the reason for termination? [SELECT ONE RESPONSE.]

- \bigcirc 01 = Left on own against staff advice with satisfactory progress
- \bigcirc 02 = Left on own against staff advice without satisfactory progress
- 03 = Involuntarily discharged due to nonparticipation
- \bigcirc 04 = Involuntarily discharged due to violation of rules
- \bigcirc 05 = Referred to another program or other services with satisfactory progress
- 06 = Referred to another program or other services with unsatisfactory progress
- 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
- 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
- O 9 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
- 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
- \bigcirc 11 = Transferred to another facility for health reasons
- \bigcirc 12 = Death
- \bigcirc 13 = Other (Specify)

3. Did the program test this client for HIV?

- O Yes [SKIP TO SECTION K.]
- No **[GO TO J4.]**

4. /IF NO/ Did the program refer this client for testing?

- O Yes
- O No

K. SERVICES RECEIVED [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HEAST ONE DAY FOR MODALITY.]	0	1. Family Services (Including Marriage Education, Parenting, Child Development Services) 2. Child Care 3. Employment Service	Sessions
Modality	Days	A. Pre-Employment	1 1
1. Case Management		B. Employment Coaching	
2. Day Treatment		4. Individual Services Coordination	
3. Inpatient/Hospital (Other Than		5. Transportation	
Detox)		6. HIV/AIDS Service	
4. Outpatient		7. Supportive Transitional Drug-Free	
5. Outreach		Housing Services	
6. Intensive Outpatient		8. Other Case Management Services	_
7. Methadone		(Specify)	
8. Residential/Rehabilitation			
9. Detoxification (Select Only One):		Medical Services	Sessions
A. Hospital Inpatient		1. Medical Care	
B. Free Standing Residential		2. Alcohol/Drug Testing	
C. Ambulatory Detoxification		3. HIV/ AIDS Medical Support &	
10. After Care		Testing	
11. Recovery Support		4. Other Medical Services	1 1
12. Other (Specify)		(Specify)	
Identify the number of SESSIONS provid client during the client's course of treatmer recovery. [ENTER ZERO IF NO SERVICE PROVIDED.]	ent/	After Care Services 1. Continuing Care 2. Relapse Prevention 3. Recovery Coaching 4. Self-Help and Support Groups	Sessions
Treatment Services	Sessions	5. Spiritual Support	
[SBIRT GRANTS: YOU MUST HAVE AT ONE SESSION FOR ONE OF THE TREA SERVICES NUMBERED 1 THROUGH 4.	<i>TMENT</i>	6. Other After Care Services (Specify)	
1. Screening		Education Services	Sessions
2. Brief Intervention		1. Substance Abuse Education	
3. Brief Treatment		2. HIV/AIDS Education	
4. Referral to Treatment		3. Other Education Services	
5. Assessment		(Specify)	
6. Treatment/Recovery Planning		Peer-to-Peer Recovery Support Services	Sessions
7. Individual Counseling		1. Peer Coaching or Mentoring	Sessions
8. Group Counseling		2. Housing Support	
9. Family/Marriage Counseling		3. Alcohol- and Drug-Free Social	
10. Co-Occurring Treatment/Recovery Services		Activities	1 1
I.		4. Information and Referral	
11. Pharmacological Interventions		·-	
12. HIV/AIDS Counseling		5 Other Peer-to-Peer Recovery Support	
13 ()ther ('linion' Services		5. Other Peer-to-Peer Recovery Support Services (Specify)	
13. Other Clinical Services (Specify)		Services (Specify)	